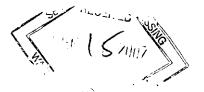


Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.





UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

## FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

,	/39	1158						
SEC USE ONLY								
Prefix		Serial						
DATE RECEIVED								

Name of Offering ([] check if this is an amendment and na								
DETOUR GOLD CORPORATION, offering of 540,360	comm	on sl	are	s at	Cdı	n.\$3	50 (US \$2.97 <sup>(1)</sup> ) <sub>I</sub>	per share
Filing Under (Check box(es) that apply): [] Rule 504 [] Rule 505 [X] Rule 506 [] Section 4(6) [] ULOE								
Type of Filing: [X] New Filing [] Amendment								
A. BASIC IDENTIFICATION DATA								
Enter the information requested about the issuer								
Name of Issuer ([] check if this is an amendment and name	has o	hang	ed, a	nd i	indic	cate c	hange.)	
DETOUR GOLD CORPORATION								
Address of Executive Offices (Number and Street, City, State, Zip	Code	)	•			Telep	hone Number (Incl	uding Area Code)
161 Bay Street, 27th Floor, Toronto, ON M5J 2S1 (416) 572-2542								
Address of Principal Business Operations (Number and Street, City	, State	, Zip	Code	) (if		Telep	hone Number (Incl	uding Area Code)
different from Executive Offices)								
(same as above)						(sam	e as above)	PROCESSED -
Brief Description of Business								I NOCLOSED
Mineral Exploration and Development								
Type of Business Organization		_						FEB <b>2 7</b> 2007
[X] corporation [] limited partnership, alre	-					othe	r (please specify):	$l_{S}$
[] business trust [] limited partnership, to b				- 1/		_		THOMSON
	Mor	1	١.	Ι.	ear	١.		FINANCIAL
Actual or Estimated Date of Incorporation or Organization:	0	7	2	0	0	6	[x] Actual	[ ] Estimated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S	S. Post	al Ser	vice	abbr	evia	tion f	or CN	
State: CN for Canada; FN for other foreign jurisdiction)								

#### GENERAL INSTRUCTIONS

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

(1) Based on an exchange rate of CDN\$1.00 per US\$1.1792 as at January 31, 2007

 $\mathcal{N}$ 

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A. BASIC IDENTIFICATION DATA
2. Enter the information requested for the following:
• Each promoter of the issuer, if the issuer has been organized within the past five years;
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities
of the issuer;
<ul> <li>Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and</li> <li>Each general and managing partner of partnership issuers.</li> </ul>
Each general and managing partner of partnership issuers.
Check Box(es) that Apply: [ ] Promoter [ ] Beneficial Owner [X] Executive Officer [X] Director [ ] General/Managing Partner
Full Name (Last name first, if individual)
PANNETON, GERALD SYLVAIN
Business or Residence Address (Number and Street, City, State, Zip Code)
161 Bay Street, 27th Floor, Toronto, ON M5J 2S1
Cheel Pay(se) that Arrive [ ] Promotor [ ] Panelicial Owner [ ] Executive Officer [VI Director [ ] Concre](Managing Portror
Check Box(es) that Apply: [] Promoter [] Beneficial Owner [] Executive Officer [X] Director [] General/Managing Partner
Full Name (Last name first, if individual)
DIONNE, LOUIS
Business or Residence Address (Number and Street, City, State, Zip Code)
161 Bay Street, 27th Floor, Toronto, ON M5J 2S1
Check Box(es) that Apply: [] Promoter [] Beneficial Owner [X] Executive Officer [] Director [] General/Managing Partner
Full Name (Last name first, if individual)
MASON, JEFFREY
Business or Residence Address (Number and Street, City, State, Zip Code)
161 Bay Street, 27th Floor, Toronto, ON M5J 2S1
Check Box(es) that Apply: [ ] Promoter [ ] Beneficial Owner [ ] Executive Officer [X] Director [ ] General/Managing Partner
Full Name (Last name first, if individual)
DICKINSON, ROBERT
Business or Residence Address (Number and Street, City, State, Zip Code)
161 Bay Street, 27th Floor, Toronto, ON M5J 2S1
Check Box(es) that Apply: [ ] Promoter [ ] Beneficial Owner [ ] Executive Officer [X] Director [ ] General/Managing Partner
Full Name (Last name first, if individual)
THOMSON, JUDY
Business or Residence Address (Number and Street, City, State, Zip Code)
161 Bay Street, 27th Floor, Toronto, ON M5J 2S1
Check Box(es) that Apply: [ ] Promoter [ ] Beneficial Owner [ ] Executive Officer [X] Director [ ] General/Managing Partner
Full Name (Last name first, if individual)
HIBBARD, INGRID
Business or Residence Address (Number and Street, City, State, Zip Code)
161 Bay Street, 27th Floor, Toronto, ON M5J 2S1
Total Day District, 21. Troopy Total Day
Check Box(es) that Apply: [ ] Promoter [ ] Beneficial Owner [ ] Executive Officer [X] Director [ ] General/Managing Partner
Full Name (Last name first, if individual)
THIESSEN, RONALD
Business or Residence Address (Number and Street, City, State, Zip Code)
161 Bay Street, 27th Floor, Toronto, ON M5J 2S1
Tot Day Delect, Mr. Proof, Totolito, Ort 1910 J. 201
Check Box(es) that Apply: [ ] Promoter [ ] Beneficial Owner [ ] Executive Officer [X] Director [ ] General/Managing Partner
Full Name (Last name first, if individual)
OLSON, PHILIP Pusinges or Pacidance Address (Number and Street, City, State, Zin Code)
Business or Residence Address (Number and Street, City, State, Zip Code)
161 Bay Street, 27th Floor, Toronto, ON M5J 2S1

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				B. II	NFORMA	ATION A	BOUT O	FFERING	<u>.                                    </u>			
1. Has the i	ssuer sold, o	r does the	issuer inten								Yes	No
2 What is t	he minimun	invectme	ent that will	he accente		nswer also i					)E. [ ]	[ X ] N/A
2. What is	aic illillillillilli	THIVESTINE	an mai wiii	be accepte	d Hom any	marviduai	· · · · · · · · · · · · · · · · · · ·		************		Yes	No
	offering per											[X]
												ssion or similar I person or agent
												5) persons to be
	ssociated per			or dealer,	you may se	t forth the	information	n for that b	oker or de	aler only.		
	(Last name f			TON								
	Residence /				y, State, Z	ip Code)						<del></del>
	0 – 1 Adela			ronto, O	ntario, C	anada M	5C 2V9					
	ssociated Bro											
				or Intends	to Solicit P	urchasers (	Check "All	States" or	check indi	vidual State	es) ~ All State	
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name	(Last name f	irst, if ind	ividual)									- <del> </del>
Business or	Residence A	Address (N	Number and	Street, Cit	v. State, Zi	ip Code)						
Name of A	ssociated Bro	oker or De	ealer									
States in W	hich Person	Listed Ha	s Solicited o	or Intends	to Solicit P	urchasers (	Check "All	States" or	check indi	vidual State	es) ~ All State	es
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[1D]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	(NH)	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name	(Last name f	irst, if ind	ividual)									
Business or	Residence A	Address (N	lumber and	Street, Cit	y, State, Zi	ip Code)				<u>.</u>		· <u>-</u>
Name of As	ssociated Bro	oker or De	aler		·	· .						<u> </u>
States in W	hich Person	Listed Ha	s Solicited o	or Intends (	n Solicit P	urchasers (0	Check "All	States" or	check indi	vidual State	es) ~ All State	
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(HI)	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name (	Last name f	irst, if ind	ividual)									
Business or	Residence A	Address (N	lumber and	Street, Cit	y, State, Zi	p Code)	<u>.</u>	<del></del>				
Name of As	sociated Bro	oker or De	aler	<del></del>								
				r Intends t	o Solicit P	urchasers (C	Check "All	States" or	check indiv	vidual State	es) ~ All State	es
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[Ht]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	(UT)	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet as necessary)

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the			
	total amount already sold. Enter "0" if answer is "none" or "zero." If the			
	transaction is an exchange offering, check this box " and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	Aggregate		Amount Already
	Type of Security	Aggregate Offering Price		Sold
	Debt	\$0		\$0
	Equity	\$1,604,869 (1)		\$1,604,869 (1)
	[X] Common [] Preferred	\$1,00 <del>4</del> ,009		\$1,004,007
	•	<b>¢</b> ດ		\$0
	Convertible Securities (including Warrants)	\$0		\$0
	Partnership Interests	\$0		\$0
	Other (Specify):	\$0		\$0
	Total	\$1,604,869 (1)		\$1,604,869 <sup>(1)</sup>
	Answer also in Appendix, Column 3, if filing under ULOE.			
2.	Enter the number of accredited and non-accredited investors who have purchased			
	securities in this offering and the aggregate dollar amounts of their purchases.			
	For offerings under Rule 504, indicate the number of persons who have			Aggregate Dollar
	purchased securities and the aggregate dollar amount of their purchases on the	Number		Amount
	total lines. Enter "0" if answer is "none" or "zero."	Investors		Of Purchases
	Accredited Investors	4		\$1,604,869 <sup>(1)</sup>
	Non-accredited Investors	NIL		NIL
	Total (for filings under Rule 504 only)	N/A		N/A
	Answer also in Appendix, Column 4, if filing under ULOE.			
2	If this filing is for an offering under Dule 504 on 505 onten the information			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types			
	indicated, the twelve (12) months prior to the first sale of securities in this			
	offering. Classify securities by type listed in Part C-Question 1.	Type of		
	Type of offering	Security		Dollar Amount Sold
	Rule 505	N/A		\$ N/A
	Regulation A	N/A		\$ N/A
	Rule 504	N/A		\$ N/A
	Total	N/A		\$ N/A
4.	a. Furnish a statement of all expenses in connection with the issuance and			
	distribution of the securities in this offering. Exclude amounts relating solely to			
	organization expenses of the issuer. The information may be given as subject to			
	future contingencies. If the amount of an expenditure is not known, furnish an			
	estimate and check the box to the left of the estimate.			• •
	Transfer Agent's Fees			\$0
	Printing and Engraving Costs			\$0
	Legal Fees			\$15,000 <sup>(1)</sup>
	Accounting Fees		[]	\$0
	Engineering Fees		[]	\$0
	Sales Commissions (plus warrants)	••••••••	[X]	\$96,292 (1)
	Other Expenses (identify): State Filing Fees		[X]	\$450 (1)
	Total		[X]	\$111,742 (1)

<sup>(1)</sup> Based on an exchange rate of CDN\$1.00 per US\$1.1792 as at January 31, 2007

4.	b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a.				
	This difference is the "adjusted gross proceeds to the issuer."			-	\$1,493,127 (1)
5.	Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.  Salaries and fees	[]	Payments to Officers, Directors, & Affiliates	[]	Payments to Others
	Purchase of real estate	[]	\$0	- []	\$0
	Purchase, rental or leasing and installation of machinery and equipment	[]	\$0	- []	\$0
	Construction or leasing of plant buildings and facilities	[]	\$0	[]	\$0
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	[]	\$0	- []	\$0
	Repayment of indebtedness	[]	\$0	[]	\$0
	Working capital	[]	\$0	[X]	\$1,493,127 (1)
	Other (specify):	[]	\$0	- []	\$0
	Column Totals	[ ]	\$0	[X]	\$1,493,127 (1)
	Total Payments Listed (column totals added)		[X] \$1,493,	127 <sup>(1)</sup>	

<sup>(1)</sup> Based on an exchange rate of CDN\$1.00 per US\$1.1792 as at January 31, 2007

## D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type)	Signature	Date
	AMubin	
DETOUR GOLD CORPORATION	My rune vor	February 13, 2007
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
JEFFREY MASON	CHIEF FINANCIAL OFFICER	

ATTENTION	
Intentional misstatements or omissions of fact constitute federal criminal violations.	
(See 18 U.S.C. 1001.)	

	E. S	STATE SIGNATURE		
1.	Is any party described in 17 CFR 230.252(c), (d), (e) of such rule?			s No
	See Append	dix, Column 5, for state response	•	
2.	The undersigned issuer hereby undertakes to furnish Form D (17 CFR 239,500) at such times as required by	•	this notice is filed, a r	notice on
3.	The undersigned issuer hereby undertakes to furnish issuer to offerees.	to the state administrators, upon written reque	st, information furnishe	d by the
4.	The undersigned issuer represents that the issuer is f Limited Offering Exemption (ULOE) of the state availability of this exemption has the burden of estab	in which this notice is filed and understand	is that the issuer clair	
	e issuer has read this notification and knows the half by the undersigned duly signed person.	contents to be true and has duly caused the	nis notice to be signe	d on its
Iss	uer (Print or Type)	Signature	Date	
DI	ETOUR GOLD CORPORATION	Johnson	February/3,2	2007

### Instruction:

Name of Signer (Print or Type)

JEFFREY MASON

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Title of Signer (Print or Type)

**CHIEF FINANCIAL OFFICER** 

SEC 1972 (6/99)

# APPENDIX

<u> </u>	2	2	3	<del></del>	4						
								Disqualification under State			
			Type of security and		Í						
	Intend (	o sell to	aggregate					att	(if yes, ach		
	non-acc		offering price		Type of inv	estor and			ation of		
	investors		offered in state		Amount purch				granted)		
	(Part B	-Item 1)	(Part C-Item 1)		(Part C-	Item 2)		(Part E-Item 1)			
						Number of					
				Number of		Non-					
G	1,7	NT.	Ch	Accredited Investors	<b>A</b>	Accredited Investors	Amount	Yes	No		
State AL	Yes	No	Shares	Investors	Amount	HIVESTOLS	Amount	163	110		
AK											
AZ				<u> </u>			··· <del>·</del>				
AR											
CA		X	184,600 shares	2	0	0	0		X		
			at a price of								
			US \$2.97 per								
	}		share for total								
			proceeds of								
CO			US \$548,262 (1)				<u> </u>				
СТ		-									
DE											
DC											
FL											
GA											
HI											
ID						ļ					
IL											
IN		<u></u>						-			
IA KS	<del>                                     </del>					<del>                                     </del>	<del> </del>				
KY											
LA											
ME	,										
MD											
MA		X	105,760 shares	1	0	0	0		X		
			at a price of				İ				
			US \$2.97 per								
			share for total proceeds of								
			US \$314,107 <sup>(1)</sup>								
MI			OD 9017,107			-			· · · · · · · · · · · · · · · · · · ·		
MN			<u> </u>		· · · · · · · · · · · · · · · · · · ·				_		
MS											
MO											
MT											
NE											
NV					-	-		ļ			
NH								<del> </del>	_		
NJ							<del> </del>	<del> </del>			
NM	L	<u> </u>	<u></u>		1		L	!	<u> </u>		

# APPENDIX

1		2	3	5 Disqualification						
			Type of					under State		
	l		security and					1	ULOE (if yes,	
		to sell to	aggregate		70 # t			1	ach _	
ļ		credited	offering price		Type of inv				ation of	
		s in State	offered in state		Amount purch			waiver granted) (Part E-Item 1)		
	(Part B	-Item 1)	(Part C-Item 1)		(Part C-l		ı	(Part E	-item 1)	
				<b>N</b> 7 1 6		Number of				
				Number of Accredited		Non- Accredited				
G4-4-	37	N.T.	Characa		<b>A</b>		<b>A4</b>	Van	N-	
State	Yes	No X	Shares	Investors	Amount	Investors	Amount 0	Yes	No X	
NY		<b>^</b>	250,000 shares at a price of	1	0	0	"		<b>^</b>	
			US \$2.97 per			!				
			share for total							
]			proceeds of							
			US \$742,500 <sup>(1)</sup>							
NC			CB <b>(7 12,500</b>					•		
ND			-							
ОН						1		i		
ОК										
OR										
PA							Ì			
RI										
SC							Ì			
SD										
TN										
TX										
UT										
VT										
VA								]		
WA										
ww										
WI										
WY										
PR			L							

<sup>(1)</sup> Based on an exchange rate of CDN\$1.00 per US\$1.1792 as at January 31, 2007

